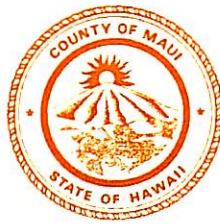


**MICHAEL P. VICTORINO**  
Mayor

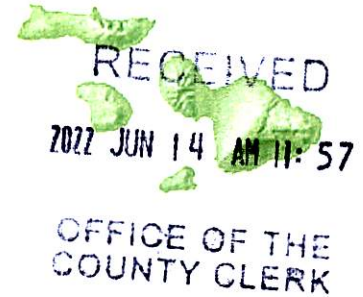
**LORI TSUHAKE**  
Director

**LINDA R. MUNSELL**  
Deputy Director



**DEPARTMENT OF HOUSING  
& HUMAN CONCERNS**  
COUNTY OF MAUI  
2200 MAIN STREET, SUITE 546  
WAILUKU, MAUI, HAWAII 96793  
PHONE: (808) 270-7805

June 4, 2022



Ms. Michele M. Yoshimura  
Budget Director, County of Maui  
200 South High Street  
Wailuku, Maui, Hawaii 96793

Honorable Michael P. Victorino  
Mayor, County of Maui  
200 South High Street  
Wailuku, Hawaii 96793

**APPROVED FOR TRANSMITTAL**

*Michael P. Victorino*  
\_\_\_\_\_  
Mayor Date 6/14/22

For Transmittal to:

Honorable Alice L. Lee, Chair  
and Members of the Maui County Council  
200 South High Street  
Wailuku, Hawaii 96793

Dear Chair Lee and Members:

**SUBJECT: GRANT REVENUE – DEPARTMENT OF HOUSING AND HUMAN  
CONCERNS – HUMAN CONCERNS PROGRAM – KUPUNA CARE  
PROGRAM**

In accordance with Ordinance No. 5217, Bill 46 (2021) Draft 1 Fiscal Year 2022 Budget, we are hereby transmitting to you a copy of Contract Log No. 20-194 Modification Order 8, from the State of Hawaii, Executive Office on Aging, for the program listed above, for the period of July 01, 2019 to June 30, 2025, in the amount of \$236,552.

Thank you for your attention to this matter. Should you have any questions, please feel free to contact me at Ext. 7805.

Sincerely,

A handwritten signature in blue ink that appears to read "Lori Tsuhako".

LORI TSUHAKE, LSW, ACSW  
Director of Housing and Human Concerns

Attachment

TO SUPPORT AND EMPOWER OUR  
POTENTIAL FOR PERSONAL

COUNTY COMMUNICATION NO. 22-143

CONTRACT MODIFICATION FORM

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. 20-194

MODIFICATION ORDER NO. 8

Contractor/Provider County of Maui, Maui County Office on Aging

Contract Title Kupuna Care Program

A. MODIFICATIONS

The following modifications are to be performed in accordance with all contract stipulations (specifications, delivery point, rate of delivery, period of performance, price, quantity, or other provisions by mutual action of the parties to the contract).

Exhibit "B", Budget is modified and replaced with Modification Order #8, revised Exhibit "B" attached.

All other terms and conditions of the contract shall remain the same.

B. CONTRACTOR/PROVIDER's QUOTATION

The modifications described in A, above, will be performed at a contract price ☒ increase ☐ decrease of \$ 236,552.00. The

Contractor/Provider will not undertake to perform the changes in A, above, until this modification order has been approved and issued.

Michael P. Viti  
Contractor/Provider's Signature

C. STATEMENT OF CONTRACT FUNDS

Original Contract Price	\$ <u>997,000.00</u>
Previous Adjusted Contract Price	\$ <u>2,531,969.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>236,552.00</u>
New Adjusted Contract Price	\$ <u>2,768,521.00</u>

D. VALIDATION OF CONTRACT MODIFICATION  
APPROVED AS TO FORM  
AND LEGALITY

APPROVAL RECOMMENDED:  
LORI TSUJAKO  
Director of Housing and Human Concerns

[Signature]

\_\_\_\_\_  
Deputy Corporation Counsel  
County of Maui

[Signature] MAY 26 2021  
Director of Executive Office on Aging Date

CONTRACT MODIFICATION FORM

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. 20-194

MODIFICATION ORDER NO. 8

Contractor/Provider County of Maui, Maui County Office on Aging

Contract Title Kupuna Care Program

A. MODIFICATIONS

The following modifications are to be performed in accordance with all contract stipulations (specifications, delivery point, rate of delivery, period of performance, price, quantity, or other provisions by mutual action of the parties to the contract)

Exhibit "B", Budget is modified and replaced with Modification Order #8, revised Exhibit "B" attached.

All other terms and conditions of the contract shall remain the same.

B. CONTRACTOR/PROVIDER'S QUOTATION

The modifications described in A, above, will be performed at a contract price ☒ increase ☐ decrease of \$ 236,552.00. The


Contractor/Provider will not undertake to perform the changes in A, above, until this modification order has been approved and issued.

\_\_\_\_\_  
Contractor/Provider's Signature

C. STATEMENT OF CONTRACT FUNDS

Original Contract Price	\$ <u>997,000.00</u>
Previous Adjusted Contract Price	\$ <u>2,531,969.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>236,552.00</u>
New Adjusted Contract Price	\$ <u>2,768,521.00</u>

D. VALIDATION OF CONTRACT MODIFICATION  
APPROVED AS TO FORM  
AND LEGALITY

  
\_\_\_\_\_  
Deputy Corporation Counsel  
County of Maui

APPROVAL RECOMMENDED  
LORI TSUJIKAWA  
Director of Housing and Human Concerns

  
\_\_\_\_\_  
Director of Executive  
Office on Aging

MAY 26 2022  
Date

## REQUEST FOR LEGAL SERVICES

**RECEIVED**

By Corporation Counsel at 1:38 pm, May 09, 2022

Date: 5/3/2022

From: DEPARTMENT OF HOUSING &amp; HUMAN CONCERNS -Office on Aging

Transmittal

Memo To: DEPARTMENT OF CORPORATION COUNSEL



Attention: Jen Oana, Deputy Corporation Counsel

Subject: KUPUNA CARE PROGRAM

## Background Data:

Kupuna Care program Contract Log No. 20-194 Modification No 8. This contract modification order deletes and replaces Exhibit "B" Budget, with an increase of \$236,552.00. All other terms and conditions of the contract shall remain the same.

Work Requested: ☒ FOR APPROVAL AS TO FORM AND LEGALITY  
☐ OTHER:

Requestor's Signature 	Contact Person Rowena Dagdag-Andaya 
Lori Tsuhako, Director	Telephone Extensions: Ext. 7272

☐ ROUTINE ( WITHIN 15 WORKING DAYS) ☐ RUSH (WITHIN 5 WORKING DAYS)  
☒ PRIORITY (WITHIN 10 WORKING DAYS) ☐ URGENT (WITHIN 3 WORKING DAYS)

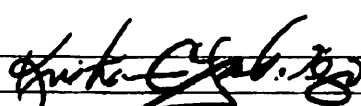
☐ SPECIFY DUE DATE (IF IMPOSED BY SPECIFIC CIRCUMSTANCES):  
REASON:

## FOR CORPORATION COUNSEL'S RESPONSE

ASSIGNED TO JMO/KCT	ASSIGNMENT NO 2019-1971	BY. maa
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TO REQUESTOR: ☒ APPROVED ☐ DISAPPROVED ☐ OTHER (SEE COMMENTS BELOW)  
☐ RETURNING—PLEASE EXPAND AND PROVIDE DETAILS REGARDING ITEMS AS NOTED

COMMENTS: (NOTE: THIS SECTION NOT TO BE USED FOR LEGAL ADVICE)

DEPARTMENT OF CORPORATION COUNSEL	
DATE 5/11/22	BY 

County of Maui

Maui County Office on Aging

Budget

July 01, 2019 to June 30, 2025

Kupuna Care Service Funds	\$897,300
Kupuna Care Administrative Funds	\$99,700
G-21-121 Kupuna Care Service Funds	\$1,132,624
G-21-121 Kupuna Care Administrative Funds	\$125,847
G-22-121 Kupuna Care Service Funds	\$437,903
G-22-121 Kupuna Care Administrative Funds	\$48,655
Elder Abuse Case Management	\$26,492
<b>Total</b>	<b>\$2,768,521</b>

## PROVIDER'S ACKNOWLEDGMENT

STATE OF HAWAII )  
COUNTY OF MAUI ) SS.  
On this 17th day of MAY, 20 22, before me appeared MICHAEL P. VICTORINO  
and \_\_\_\_\_, to me known, to be the person(s) described in and, who, being by me duly sworn, did say that he/she/they is are the Mayor and PROVIDER / CONTRACTOR of THE COUNTY OF MAUI,  
the PROVIDER named in the foregoing instrument, and that he/she/they is/are authorized to sign said instrument on behalf of the PROVIDER, and acknowledges that he/she/they executed said instrument as the free act and deed of the PROVIDER.

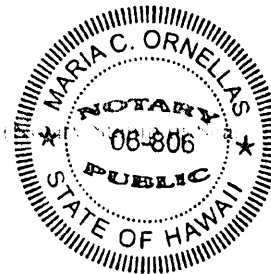


By Maria C. Ornellas  
(Signature)  
Print Name MARIA C. ORNELLAS  
Date 5/17/22  
Notary Public, State of Hawaii  
My commission expires: 12/31/22

Doc. Date: Undated at time of notarization # Pages: 3  
Notary Name: MARIA C ORNELLAS 2nd Circuit  
Doc. Description: Kupuna Care contract 20-194 Modification  
Order #8

Maria C. Ameller 5/17/22

Notary Signature Date



NOTARY CERTIFICATION